



Fringe Benefit Administrators, Ltd.
110 Veterans Blvd. Suite # 120
Metairie, LA 70005

FBA Company & Plan Confidential Data Form

Company Information				
Company Name:			Phone Number:	
Street Address:			Fax Number:	
City, State, Zip Code:			WebSite Address:	
Mailing Address (if different):			Date Business Established:	
Type of Business Entity: <input type="checkbox"/> C-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Taxed as Sub-S) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC (Taxed as Prop. / Partnshp.) <input type="checkbox"/> Professional Corp/Assoc <input type="checkbox"/> Governmental <input type="checkbox"/> 501(c)(3) Non Profit			Employer Tax ID:	
Principal Business Activity:			Fiscal Year End:	
NAIC Business Code		Union Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Leased Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Officers/Owners				
Name : _____		Title : _____	Ownership % : _____ %	
Name : _____		Title : _____	Ownership % : _____ %	
Name : _____		Title : _____	Ownership % : _____ %	
Name : _____		Title : _____	Ownership % : _____ %	
Client Contact For Plan Issues				
Name: _____		Phone #: _____	Fax #: _____	
Title : _____		E-Mail Address : _____		
Additional Information				
Do Owners or Spouses have > 5% Ownership in other Company(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes -Please provide Ownership Information</i> Company(s): _____ % Company(s): _____ %		Payroll Frequency: <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Semi-Monthly (24) <input type="checkbox"/> Bi-Weekly (26)		
		Payroll Provider: <input type="checkbox"/> In House <input type="checkbox"/> Vendor _____		
Member of "Controlled Group"? <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of "Affiliated Service Group"? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate # of Employees	Approximate Annual Payroll
Existing Plan Information				
Existing Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type: Type: <input type="checkbox"/> PS <input type="checkbox"/> MP <input type="checkbox"/> 401(K) <input type="checkbox"/> Pension <input type="checkbox"/> ESOP <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> 403(B) <input type="checkbox"/> 457 401K Match Contribution: <input type="checkbox"/> No <input type="checkbox"/> Yes - _____ % Other Company Contribution: <input type="checkbox"/> No <input type="checkbox"/> Yes - _____ %		(Est.) # of Plan Participants : # _____ (Est.) Annual Contributions : \$ _____ (Est.) Current Plan Assets : \$ _____ Current Plan Provider : _____ Current TPA Firm : _____		
Accountant / CPA Name : _____		Phone # : _____	E-Mail : _____	
NOTE : Census Data Required				

Plan Design Specifications Questionnaire

Plan Type: <input type="checkbox"/> New Plan <input type="checkbox"/> Existing / Conversion Plan	<input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> 401(k) / Profit Sharing Plan <input type="checkbox"/> Safe Harbor <input type="checkbox"/> Traditional <input type="checkbox"/> Money Purchase Plan <input type="checkbox"/> 403(B) Plan <input type="checkbox"/> ESOP <input type="checkbox"/> Other _____
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Plan Eligibility: Minimum Age: _____ Minimum Service: _____ <input type="checkbox"/> "Open" Enrollment At Inception <input type="checkbox"/> Automatic Enrollment Exclude: <input type="checkbox"/> Union Employees <input type="checkbox"/> Non-Resident Aliens <input type="checkbox"/> Other _____	Plan Entry Date(s): <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Special Features _____	

Plan Contributions: <input type="checkbox"/> 401(k) Deferrals : <input type="checkbox"/> Maximum <input type="checkbox"/> Other _____ % <input type="checkbox"/> ROTH 401(k) Deferrals <input type="checkbox"/> Catch-Up Contributions <input type="checkbox"/> 401(k) Company Match: <input type="checkbox"/> Discretionary <input type="checkbox"/> Safe Harbor Match (100% Vested) Match : _____ % Up to _____ % of Wages Plus : _____ % Up to _____ % of Wages <input type="checkbox"/> "3%" Safe Harbor Non-Elective (100% Vested) <input type="checkbox"/> Rollovers / Transfers: <input type="checkbox"/> Any Employee <input type="checkbox"/> Participant Only	<input type="checkbox"/> Profit Sharing: Discretionary Contributions <input type="checkbox"/> Pro-Rata Allocation <input type="checkbox"/> Integrated Allocation <input type="checkbox"/> Age Weighted Allocation <input type="checkbox"/> New Comparability Allocation <input type="checkbox"/> Rate Grps. _____ <input type="checkbox"/> Per Participant <input type="checkbox"/> Money Purchase: _____ % of Wages
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Vesting: <input type="checkbox"/> 100% Immediate <input type="checkbox"/> Six (6) Year Graded <input type="checkbox"/> 3-Year Cliff <input type="checkbox"/> Other _____ (Safe Harbor Cont. - 100% Vested) <input type="checkbox"/> Exclude / Include Service For Vesting : _____	Retirement Age: <input type="checkbox"/> Normal Age: _____ with _____ Yrs of Service <input type="checkbox"/> Early Age: _____ with _____ Yrs of Service <input type="checkbox"/> Allow In Service Distribution At Retirement
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Additional Information

<input type="checkbox"/> Plan Loans: Min Loan \$1,000 Max. # of Loans : _____ <input type="checkbox"/> Hardship Withdrawals: <input type="checkbox"/> 401(k) Only <input type="checkbox"/> All Sources <input type="checkbox"/> In-Service Withdrawals: <input type="checkbox"/> Age 59-1/2 <input type="checkbox"/> Other _____ <input type="checkbox"/> 401(k) Only <input type="checkbox"/> All Sources ADP/ACP Testing: <input type="checkbox"/> Current Yr. <input type="checkbox"/> Prior Yr. <input type="checkbox"/> Safe Harbor	Investment Direction: <input type="checkbox"/> Participant <input type="checkbox"/> Company /Trustee Investment Funds/ Models/ SDA: <input type="checkbox"/> Funds <input type="checkbox"/> Models <input type="checkbox"/> SDA Accts # of Investment Fund Options: <input type="checkbox"/> 10 to 20 <input type="checkbox"/> Over 20 <input type="checkbox"/> By Provider Investment Platform : <input type="checkbox"/> FBA/InvestLink <input type="checkbox"/> Other _____ Special Assets? <input type="checkbox"/> Company Stock <input type="checkbox"/> Insurance <input type="checkbox"/> GICs / Annuity
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Valuation Method: <input type="checkbox"/> Daily Val. <input type="checkbox"/> Periodic / Balance Forward Valuation Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Participant Statements: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Participant Statement Type: <input type="checkbox"/> Traditional <input type="checkbox"/> "Super" Statements Participant Statement Delivery: <input type="checkbox"/> To Company <input type="checkbox"/> Mail To Participants MasteryPoint' - Guidance Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trustee Services Required: <input type="checkbox"/> Yes <input type="checkbox"/> No 800 # / VRU Acct. Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Internet Acct. Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Administration Fees Paid By ? <input type="checkbox"/> Company <input type="checkbox"/> Plan Distr'b/ Loan Fees Paid By ? <input type="checkbox"/> Company <input type="checkbox"/> Participant SDA Fees Paid By ? <input type="checkbox"/> Company <input type="checkbox"/> Participant
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Plan Name & Trustees

Plan Name: _____	
Plan Initial Effective Date: _____ Conversion / Takeover Date: _____ Plan Tax ID # : _____ <input type="checkbox"/> Apply For	Plan Trustee(s) : _____ Plan Trustee(s) : _____ Plan Trustee(s) : _____

Referral Information

Investment Professional : _____ Investment Firm : _____ Address : _____	Phone # : _____ Cell # : _____ Fax # : _____ E-Mail : _____
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Accountant / CPA : _____ Address : _____	Today's Date: _____ Start / Conv. Date : _____
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NOTE : Census Data Required

Plan Conversion / Takeover Checklist

- 1) A current Employee Census Record of all Employees, including Name, Social Security Number, Date of Birth, Date of Hire, Date of Participation, Date of Termination, Address (if available), Ownership %, Relationship To Owners and Current Compensation. A Census Form is attached. (You may substitute another form, if all information is included.)
- 2) A copy of the Plan Document (or Prototype Plan with Adoption Agreement and Master Plan Document) with all Plan amendments.
- 3) A copy of the Summary Plan Description (SPD) and/or Employee Announcement Letter or Booklet.
- 4) A copy of the most recent Determination Letter from the Internal Revenue Service approving the Plan.
- 5) A copy of the last Plan Valuation, including individual participant account balances by Source (ie: Deferral, Match) and Fund.
NOTE: A Conversion Valuation for the period ending the day prior to the Conversion date MUST also be provided.
- 6) A copy of the Plan Financial Statements, including the itemized list of all Plan Assets and Liabilities, for the prior Plan Valuation.
NOTE: An itemized list of all Plan Assets and Liabilities, reconciling the Plan Assets to the Conversion Valuation, MUST also be provided.
- 7) A copy of the Prior (Last Two (2) years) Compliance Tests (*ADP/ACP, Top-Heavy, IRC 415, 410(b) & 401(a) (4) Testing*)
- 8) A copy of the Prior (Last Two (2) years) I.R.S./D.O.L. Forms 5500 Series, including schedules, and Summary Annual Report for the Plan.
- 9) A copy of all outstanding Plan Loan Amortization Schedules, including initial loan amount, effective date, payment amount, payment frequency, interest rate and current outstanding loan balance.
- 10) A list of any Self-Directed Accounts, Life Insurance, GICs or Annuity contracts that are under the Plan.
Insurance Data - (*Death Benefit Amount, Premiums, Cash Values and Dividends*).
Self Directed Accounts - (*Account Name, Account Number, Brokerage Firm, Assets Held*)

Investment Fund Information

FUND NAME	FUND FAMILY	TICKER / CUSIP	NEW	EXISTING
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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